



11-03-03

1635

AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66784-013 (P-NS 4970)	
SERIAL NO: 09/990,185	FILING DATE: November 21, 2001	EXAMINER: J. Angell	GROUP ART UNIT: 1635 CONFIRMATION NO.: 1224
INVENTION: EXPRESSION OF POLYPEPTIDES IN ROD OUTER SEGMENT MEMBRANES			

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"
"EXPRESS MAIL" MAILING LABEL NUMBER: EV 401710912 US
DATE OF DEPOSIT: October 30, 2003
I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED
WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST
OFFICE TO ADDRESSEE" SERVICE 37 C.F.R. 1.10 ON THE DATE
INDICATED ABOVE, AND IS ADDRESSED TO: COMMISSIONER FOR
PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.

Carrie Hines
(TYPED OR PRINTED NAME OR PERSON MAILING PAPER OR FEE)
Carrie Hines
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Office Action mailed July 30, 2003, in the
above-identified application.

- Small Entity status of this application has been established under 37 CFR 1.27
- Petition for Extension of Time is enclosed (in duplicate).
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- No additional claims fee is required.
- An additional claims fee is required and has been calculated as shown below:

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TECH CENTER 1600/2900

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED	RATE		FEE	
				SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	34	-	38	-	0	x \$9	\$18
INDEPEN- DENT CLAIMS	3	-	3	-	0	x \$42	\$84
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	YES		xx	NO	\$140	\$280	= \$0.00 \$
				TOTAL ADDITIONAL FEE		\$0.00	\$

- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.
- Please charge my Deposit Account No. 502624 the amount of \$ _____, \$ _____ of which covers the fee for a _____-month extension of time. A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.

Inventors: Palczewski et al.
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X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



David A. Gay

Registration No. 39,200

McDERMOTT, WILL & EMERY
4370 La Jolla Village Drive
7th Floor
San Diego, California 92122
858-535-9001